



Public Health
Preparedness and Response

Multi-Year Integrated Preparedness Plan (MYIPP) June 2025

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Integrated Preparedness Planning Team

Ashley Congjuico

Program Manager
San Bernardino County
Department of Public Health
Preparedness and Response Program
247 S. Boyd St.
San Bernardino, CA 92415
909-252-4406 (office)
909-841-5909 (cell)
Ashley.Congjuico@dph.sbcounty.gov

Bryan Katz

Project Coordinator
San Bernardino County
Department of Public Health
Preparedness and Response Program
247 S. Boyd St.
San Bernardino, CA 92415
909-252-4406 (office)
909-454-4710 (cell)
Bryan.Katz@dph.sbcounty.gov

Lilleana Lopez

Medical Emergency Planning Specialist
San Bernardino County
Department of Public Health
Preparedness and Response Program
247 S. Boyd St.
San Bernardino, CA 92415
909-252-4406 (office)
909-893-2791 (cell)
Lilleana.Lopez@dph.sbcounty.gov

Contributor

Arianna Olivero

Intern
San Bernardino County Department of Public Health
Preparedness and Response Program
247 S. Boyd St.
San Bernardino, CA 92415

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I. Purpose

The purpose of the San Bernardino County Department of Public Health's (SBCDPH) Multi-Year Integrated Preparedness Plan (MYIPP) – formally known as the Multi-Year Training and Exercise Plan (MYTEP) – is to outline a strategic approach for strengthening public health and emergency management capabilities across the county. This plan documents the process for enhancing the core capabilities necessary to prevent, protect against, mitigate, respond to, and recover from threats and hazards impacting the community.

The SBCDPH MYIPP is administered by the Preparedness and Response Program (PRP) under the guidance outlined in the 2024 Public Health Emergency Preparedness (PHEP) Notice of Funding Opportunity (NOFO)¹. It is intended to guide and inform the preparedness efforts of SBCDPH, County departments, and key jurisdictional partners, including tribal governments, healthcare coalitions, emergency management agencies, and other stakeholders within San Bernardino County. In fiscal year (FY) 2017-2018, SBCDPH developed and updated its five-year plan, MYTEP 2017-2022.

Development of this MYIPP was informed by the results of the 2025 Jurisdictional Risk Assessment (JRA)², the MYIPP Stakeholder Survey, the national exercise requirements outlined in the PHEP NOFO Exercise Framework Supplement Guidance³ and Cities' Readiness Initiative Supplemental Guidance⁴, and a total of three Integrated Preparedness Planning Workshops (IPPWs) that took place on 4/10/2025, 5/15/2025, and 5/29/2025. The workshops consisted of participants from public health, emergency services, hospitals, education, military installations, community-based organizations, tribal nations, and local government.

This MYIPP covers a five-year planning cycle from July 2025 through June 2030, during which preparedness priorities and activities, including trainings and exercises, will be implemented. The plan is intended to be a living document, reviewed at least once per year by a MYIPP Workgroup, and updated as needed based on after-action reports, real-world activations, emerging threats, and evolving community needs.

While the MYIPP summarizes a projected schedule of preparedness activities, it is designed to be an estimated timeline that will need to be flexible and adaptable to address new challenges and opportunities as they arise.

II. Homeland Security Exercise and Evaluation Program: An Overview

The Homeland Security Exercise and Evaluation Program (HSEEP)⁵ provides guiding principles and a standardized approach for designing, conducting, evaluating emergency preparedness exercises, and improvement planning. The HSEEP doctrine is flexible, scalable, and adaptable, intended for use by stakeholders across the entire community. HSEEP applies to all five mission areas: prevention, protection, mitigation, response, and recovery. By offering a methodology and framework for developing a progressive exercise program, HSEEP enables jurisdictions to measure improvements in building, sustaining, and delivering core emergency planning capabilities.

Key HSEEP terminology and concepts include:

- a. Progressive Exercise Approach.** A cycle of exercises that builds over time in complexity, designed to increase capability through a mix of discussion- and operations-based exercises.
- b. Capabilities-Based Planning:** Planning focuses on building and assessing specific core capabilities needed to prevent, protect against, mitigate, respond to, and recover from all hazards.
- c. Discussion-Based Exercises.** Discussion-based exercises help participants become familiar with, or develop new plans, policies, procedures, and agreements. These exercises focus on strategic, policy-level issues and are guided by facilitators or presenters to achieve the exercise objectives through discussions. There are four types of discussion-based exercise:
 - 1. Workshop: Provides an overview of authorities, strategies, plans, policies, procedures, protocols, resources, concepts, and ideas.
 - 2. Seminar: Often used to develop policy, plans, or procedures.
 - 3. Tabletop Exercise (TTX): Utilizes a scenario to drive dialogue on various issues to facilitate a conceptual understanding, identify strengths and areas for improvement, and/or evaluate plans, policies, or procedures.
 - 4. Game: Simulates real or hypothetical situations that guide participants to make decisions and take actions within a structured form of a plan involving defined rules and procedures. Games are designed for individuals or teams in both non-competitive and competitive environments to reinforce training, foster team building, and enhance operational and tactical capabilities.
- d. Operations-Based Exercises.** Operations-based exercises validate plans, policies, procedures, and agreements; clarify roles and responsibilities; and identify resource gaps. These exercises involve a real-time response (e.g., initiating communications or mobilizing personnel and resources). There are three types of operations-based exercises:
 - 1. Drill: Often employed to validate a single operation or function.

-
2. **Functional Exercise (FE):** Tests and evaluates capabilities and functions while in a realistic, real-time environment in which movement of resources is usually simulated.
 3. **Full-Scale Exercise (FSE):** Typically, the most complex and resource-intensive of the exercise types, it often involves multiple agencies, jurisdictions, and organizations, as well as the real-time movement of resources.
- e. After-Action Report (AAR)/Improvement Plan (IP).** The AAR/IP is a document that generally includes an exercise overview, analysis of capabilities, and a list of corrective actions. The length, format, and development timeframe of the AAR/IP depend on the type and scope of the exercise. These parameters should be determined by the exercise planning team, based on the expectations of senior leaders. The AAR/IP should include an overview of performance related to each exercise objective and associated capabilities.
- f. Whole Community Approach.** Engaging all sectors (e.g., government, private, non-profit, and the public) in planning and exercise activities to strengthen preparedness and resilience.

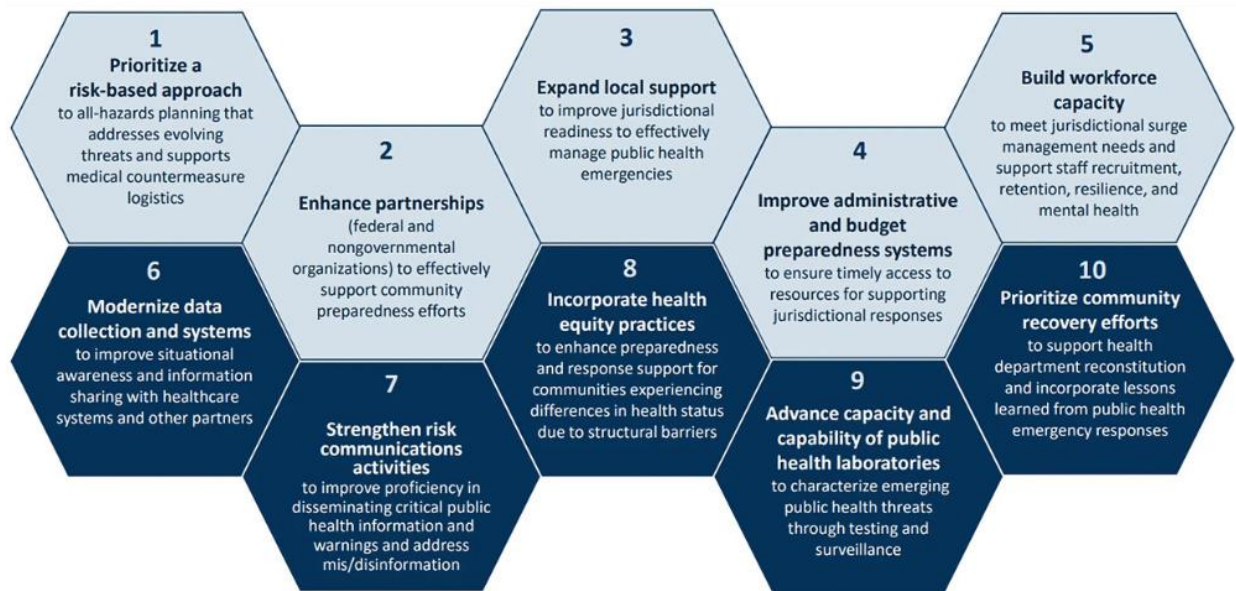
III. Background: Exercise Requirements

The MYIPP was developed according to the following exercise requirements, Public Health Accreditation Board standards, and SBCDPH policies and procedures:

Grant Exercise Requirements

Public Health Emergency Preparedness Grant. The Centers for Disease Control and Prevention's (CDC) 2024–2028 PHEP program is designed to enhance the capabilities of state, local, tribal, and territorial (SLTT) health departments to prevent, prepare for, respond to, and recover from public health emergencies. Grounded in the Public Health Response Readiness Framework (Figure 1) and the 15 national Public Health Emergency Preparedness and Response Capabilities⁶, the PHEP program requires jurisdictions to engage in risk assessments, strategic planning, and multi-sector collaboration to ensure a response-ready public health system. PHEP encourages flexible implementation while aligning with HSEEP principles.

Figure 1. Public Health Response Readiness Framework's (RRF) 10 PHEP Program Priorities:



PHEP-funded jurisdictions must conduct a series of discussion- and operations-based exercises over the five-year period (FY 2024-2029) to demonstrate and strengthen emergency response capabilities. Exercises must integrate core RRF priorities (i.e., partnerships, health equity/whole community planning, risk communications, data modernization, and recovery) and include coordination with local, regional, and tribal emergency management partners. Jurisdictions must also submit after-action reports, and improvement plans for each exercise, and may substitute real-world events that meet exercise objectives, if approved by the CDC and/or the state.

The following is a list of required exercises (10 in total):

- Capstone 100 (discussion-based exercise), 200 (drill), 300 (FE), and 400 (FSE)
- Biological Incident Track 100 (discussion-based exercise) and 200 (FE), which can include Pandemic Influenza
- Natural Disaster (discussion-based exercise)
- Administrative Preparedness (discussion-based exercise)
- Radiological/Nuclear (discussion-based exercise)
- Chemical Incident (discussion-based exercise)

Additionally, Laboratory Response Network for Biological Threats (LRN-B) laboratories (i.e., SB CDPH Lab) are required to participate in at least one discussion-based exercise and one functional exercise focused on surge capacity during the budget performance period (FY 2024-2029). These exercises

must test surge coordination (including staff notification and coordination with sentinel labs), continuity of operations (COOP) capabilities, electronic data reporting, and the receiving and testing of samples.

Lastly, PHEP-funded jurisdictions must also evaluate their progress towards Data Modernization activities. These activities are designed to improve situational awareness and information sharing by ensuring that data systems and sources are incorporated into plans and tested with exercises according to the following six CDC data capabilities:

1. Scalable: Able to receive, send, and process unpredictable volumes of data
2. Flexible: Supports rapidly changing data, workflows, end users, and end user needs
3. Interoperable: Can easily exchange data with other systems used for public health action
4. Sustainable: Ensures that the system is designed for continuous development, maintenance, and operations costs can be covered by the jurisdiction's routine funding sources
5. Reusable: Usable for both daily and emergent public health action across multiple disease areas and types of public health threats
6. Intuitive: Can be quickly understood and used effectively by new staff, whether for purposes of routine public health action or emergency response

PHEP-funded jurisdictions must identify one CDC data capability to focus on improvement and exercise by June 30, 2027 (i.e. Budget Period 3) and report on changes in each subsequent Budget Periods (BP). Over the course of the five-year period of performance through June 30, 2029 (BP5), at least three different CDC data capabilities must be exercised to demonstrate improvements to modernization of data and data systems.

PHEP Pandemic Influenza (Pan Flu) General Funds. The PHEP Pan Flu General Funds are authorized by the Annual California Budget Act. These funds complement and support PHEP funding goals while expanding the planning, training, and exercising of mass vaccinations in response to epidemics and pandemics⁷. Funding is intended for local public health and emergency response infrastructure, including, but not limited to, epidemiology, communicable disease response, workforce, laboratory capacity, public information, and community preparedness. The Pan Flu Grant requires that at least one mass vaccination clinic exercise is conducted annually throughout the budget performance period (2024-2029) to test and evaluate the jurisdiction's mass vaccination clinic (MVC) capability and capacity⁸. The exercise should aim to maximize attendance and simulate real-world operational conditions to assess staffing levels, logistical operations, throughput capacity (i.e., the number of individuals processed per unit of time), vaccine administration procedures, and coordination with key partners. The following five key activities are required for the MVC exercises: 1) identify and engage high-risk and underserved populations to increase participation in a mass

vaccination clinic exercise, with a focus on equity and access; 2) in coordination with PHEP and Immunization programs, coordinate the request for state-supplied vaccine(s); 3) conduct the exercise using lessons learned from prior events, 4) ensure all administered doses are entered into the immunization registry within 14 days, and 5) complete an After Action Report (AAR) and Improvement Plan (IP) to inform future planning.

Together, HSEEP and PHEP ensures that local preparedness efforts are both driven by capabilities and are nationally aligned. A list of some of SBCDPH's key emergency response plans is available in [Appendix A](#).

Cities Readiness Initiative. The Cities Readiness Initiative (CRI) is a federally funded program supporting 72 major U.S. metropolitan areas, where nearly 60% of the population resides, in enhancing their ability to prepare for, respond to, and recover from large-scale public health emergencies. Established after the 2001 anthrax and 9/11 attacks, CRI focuses on jurisdictions at higher risk due to population density and geographic vulnerabilities. Under the 2024–2028 Public Health Emergency Preparedness (PHEP) guidance⁹, CRI jurisdictions are expected to maintain strong cross-jurisdictional collaboration and the capability to rapidly distribute, dispense, and administer medical countermeasures (MCMs) during emergencies, with attention to chemical, biological, radiological/nuclear threats, and natural disasters.

CRI jurisdictions must coordinate and conduct exercises aligned with their identified risks. These include: 1) a Biological Incident Track exercise that evaluates readiness in rapid Medical Countermeasure (MCM) distribution and dispensing during a large-scale biological event (e.g., anthrax, emerging infectious disease scenario, or other emerging threat); and 2) a Capstone Track (100, 200, 300, and 400) addressing readiness for a priority risk or threat selected from a risk assessment. This can include broader threats like chemical, radiological, natural disasters, or terrorism. Similar to PHEP, CDC may also accept real-world incident responses in place of exercises if they meet intended objectives. Jurisdictions are encouraged to integrate equity, risk communication, and multi-agency coordination into their preparedness activities⁴.

Public Health Accreditation Board Accreditation Standards. The Public Health Accreditation Board (PHAB) provides accreditation services to state, tribal, local, and territorial public health departments as well as state/territorial Vital Records/Health Statistics units and the U.S. Army Installation Departments of Public Health. PHABs assesses a health department's capacity to carry out the 10 Essential Public Health Services; manage an effective health department; and maintain strong and effective communications with the governing entity¹⁰. Under PHAB Measure 2.2.4 A, it is recommended that there is a training schedule for personnel who will serve in a response capacity¹¹.

In addition, under PHAB Measure 2.2.7 A, a plan is recommended for conducting exercises to test plans, such as the Department Emergency Operation Plan (DEOP).

SBCDPH DEOP Testing and Evaluation Standard Practice. The SBCDPH DEOP Testing and Evaluation Standard Practice was developed to test and evaluate the DEOP¹². The DEOP focuses on mission essential functions within SBCDPH and continuity of operations. It is a requirement that PRP conduct exercises to test staff's emergency preparedness skills as well as the Department's response plans to a real-world incident or public health emergency (see Figure 2).

Figure 2: DEOP Testing and Evaluation Standard Practice Exercise Requirements

Level	Description	Frequency
Tabletop	A facilitated discussion-based analysis of an emergency situation in an informal, stress-free environment	Annually
Functional	A simulated interactive exercise that tests the capability of an organization to respond to a simulated event.	Annually
Full Scale	Simulates a real emergency event as closely as possible. The exercise consists of moving resources and personnel, and typically activating the Department Operations Center (DOC)	Every five years

Duty Officer Standard Practice. The Duty Officer Standard Practice was developed to provide procedures and reference information for the SBCDPH Duty Officers to respond to public health emergency calls¹³. It is a requirement that a system test and an email distribution test is conducted with SBCDPH Duty Officers to ensure that public health emergency calls are being routed to DPH personnel every quarter.

IV. Preparedness Activity Considerations

The preparedness priorities identified in the SBCDPH MYIPP were developed through a comprehensive, collaborative process informed by multiple data sources, strategic documents, and stakeholder input. Key sources that guided SBCDPH's preparedness priority selection include:

- Results from the 2025 SBCDPH Jurisdictional Risk Assessment (JRA).
- Past After-Action Reports (AARs) and Improvement Plans from real-world incidents and exercises.
- Capability assessments aligned with CDC's PHEP Capabilities, Hospital Preparedness Program (HPP) Capabilities, FEMA Core Capabilities, and Public Health Readiness Framework Priorities.

- Participation feedback and recommendations gathered through the MYIPP stakeholder survey
- Discussions from three Integrated Preparedness Planning Workshops (IPPWs)

During the IPPWs (See Figure 3), stakeholders participated in group discussions to identify capability gaps, reviewed jurisdictional risks, and recommended training, planning, and exercise activities over the next few years. Input from sectors such as emergency medical services, fire departments, law enforcement, tribal leadership, airport authorities, hospitals, and community-based organizations was essential in creating cross-sector preparedness priorities.

Figure 3. IPPW Workshop Participation

IPPW	IPPW Date	# Participants	Representation
1	04/10/2025	10	PRP Staff (PHEP-funded)
2	05/15/2025	39	15 SBCDPH Programs (Public Health only)
3	05/29/2025	36	33 external organizations across San Bernardino County

For a list of all participants, reference [Appendix B](#).

A. SBCDPH's Jurisdictional Risk Assessment (JRA) Prioritized Risks

To inform the development of the MYIPP, SBCDPH conducted a Jurisdictional Risk Assessment (JRA) in late 2024 to assess the health and medical impacts of potential hazards across the county. The JRA process was designed to prioritize risks for preparedness planning and exercise development over the next five years. The assessment included feedback from 253 stakeholders spanning multiple sectors and disciplines, including public health, emergency medical services, hospitals, emergency management, law enforcement, fire departments, tribal governments, local government, educational institutions, private industry, and community and faith-based organizations. Based on stakeholder input and weighted risk variables (i.e., frequency, severity, public health consequences), the top five threats identified for San Bernardino County were earthquake, electrical failure, wildland fires, extreme heat events, and bioterrorism. These prioritized hazards serve as the foundation for the SBCDPH's preparedness priorities. See SBCDPH JRA Report 2025 for more information².

B. SBCDPH Exercises and Responses: A 10-Year Review (January 2015 - June 2025)

After finalizing the 2025 JRA results, SBCDPH PRP assessed their involvement in public health emergency exercises, responses, and non-activations. Exercises consist of full-scale exercises (FSE), functional exercises (FE), tabletop exercises (TTX), drills, and virtual exercises (See [Appendix](#)

C) in which SBCCDPH either led or played a significant role in exercise design and implementation. SBCCDPH responses and non-activation events are distinguished by the activation of the Department Operations Center (DOC). Responses are defined as events that require the activation of the DOC, as well as the mobilization of public health staff and resources. Non-activation events are characterized by incidents in which SBCCDPH staff may be monitoring a public health threat or coordinating incident-related activities without the activation of the DOC. These findings, alongside the data collected from the IPPW, identified key gaps in emergency response capabilities.

Over a 10-year period from 2015 to 2025, PRP participated in 19 exercises, 16 drills, 24 emergency responses, and 19 non-activation events (Figure 4). The 19 exercises consisted of eight table-top exercises, seven functional exercises, and four full-scale exercises (Figure 5.)

Figure 4. SBCCDPH Activities by Exercises, Responses, Non-Activation Events, and Drills from 2015 – 2025

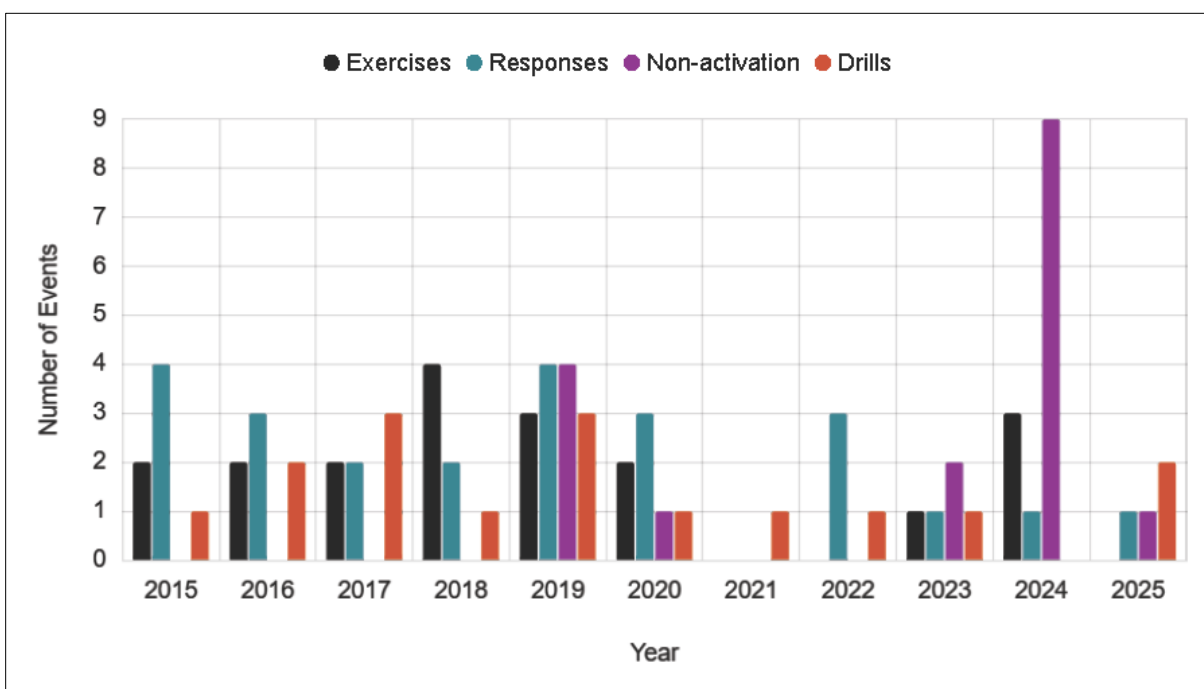
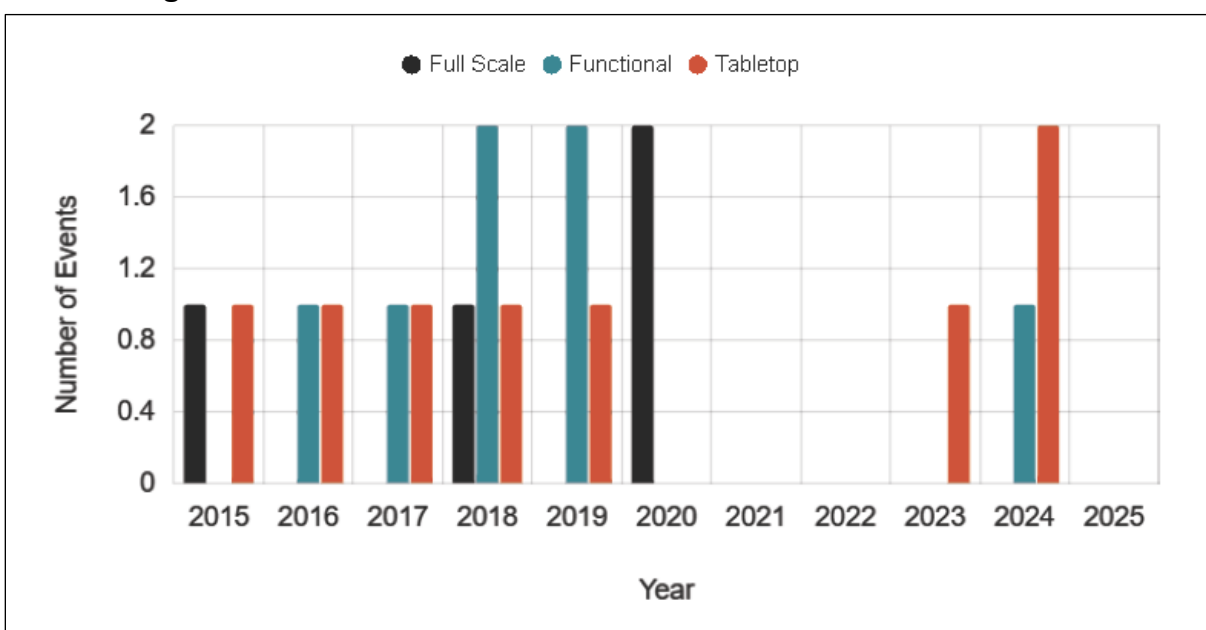


Figure 5. Total Number of SBCDPH Exercises from 2015 – 2025



Out of a total of 24 public health emergency responses (Figure 6) requiring DOC activation, responses consisted of 54% wildfire (13 incidents), 21% infectious disease (five incidents), 8% storm (two incidents), 8% power outage (two incidents), 4% active shooter (one incident), and 4% earthquake (one incident). In 2020, the most notable event was the Emergency Repatriation operation, which occurred at the onset of the 2020–2023 COVID-19 pandemic.

Figure 6. SBCDPH Department Operations Center (DOC) Activations from 2015 - 2025

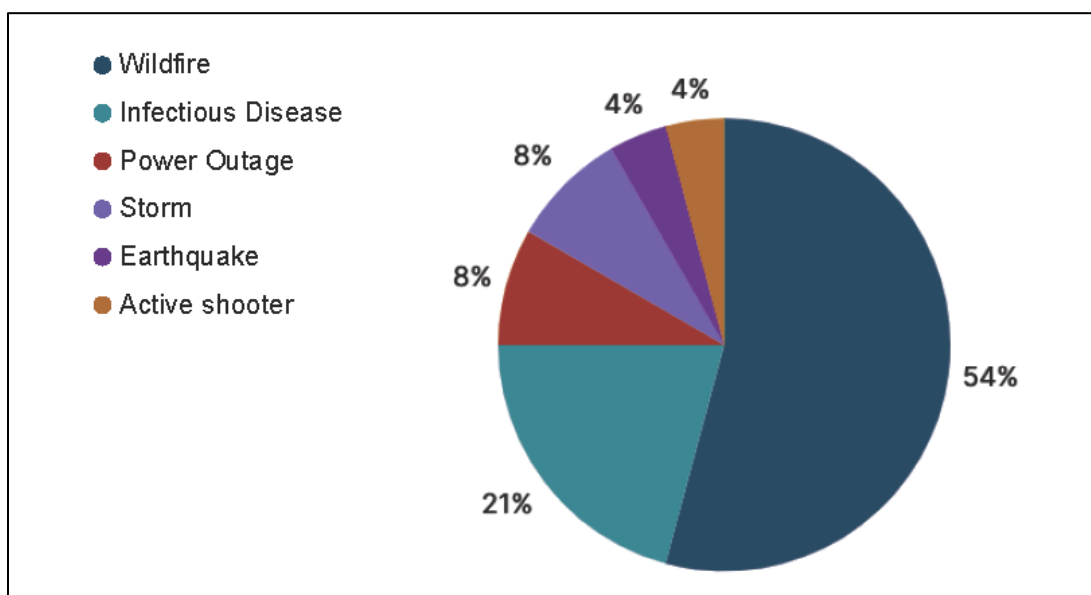
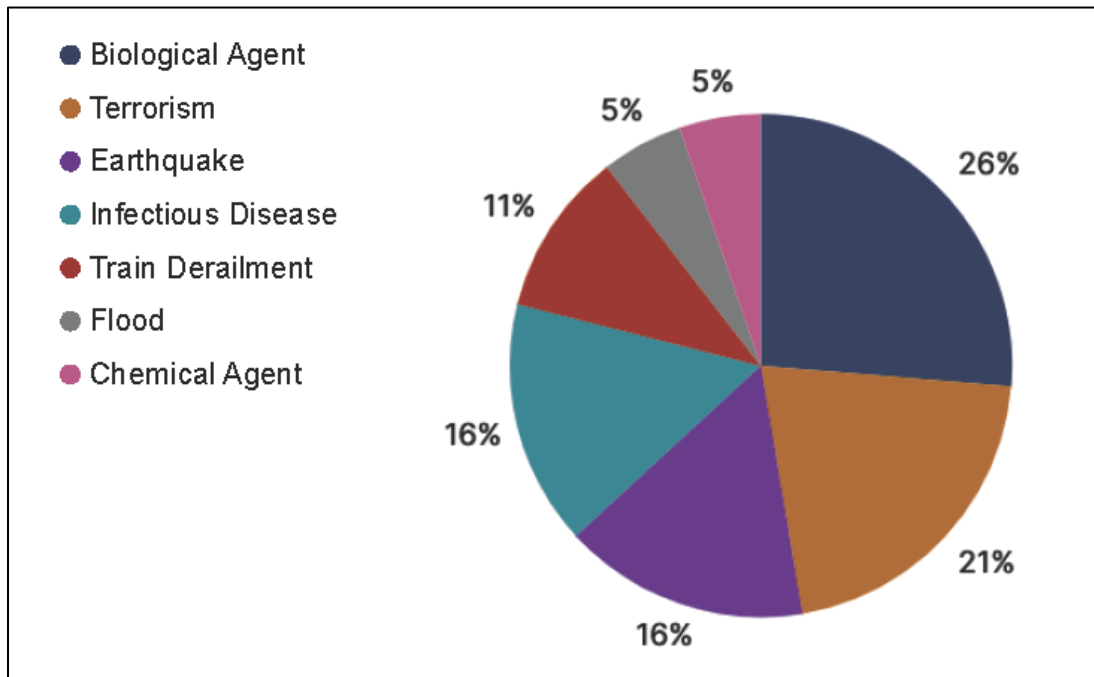


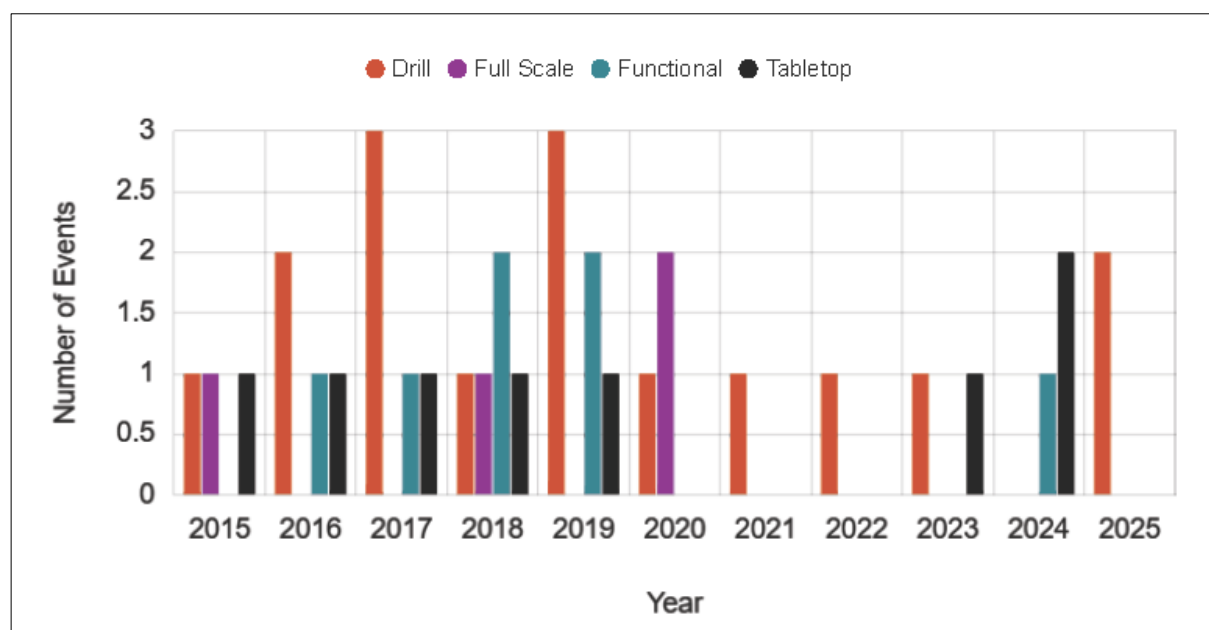
Figure 7. SBCTDPH Exercises (not including drills) by Hazard (2015-2025)



The 19 public health emergency exercises (Figure 7) over the past 10 years were focused on: 26% biological agent (5 exercises), 21% terrorism (4 exercises), 16% earthquake (3 exercises), 16% infectious disease (3 exercises), 11% train derailment (2 exercise), 5% flood (1 exercise), and 5% chemical agent (1 exercise). Of these exercises, 2 were Repatriation FSE exercises (2018 and 2025).

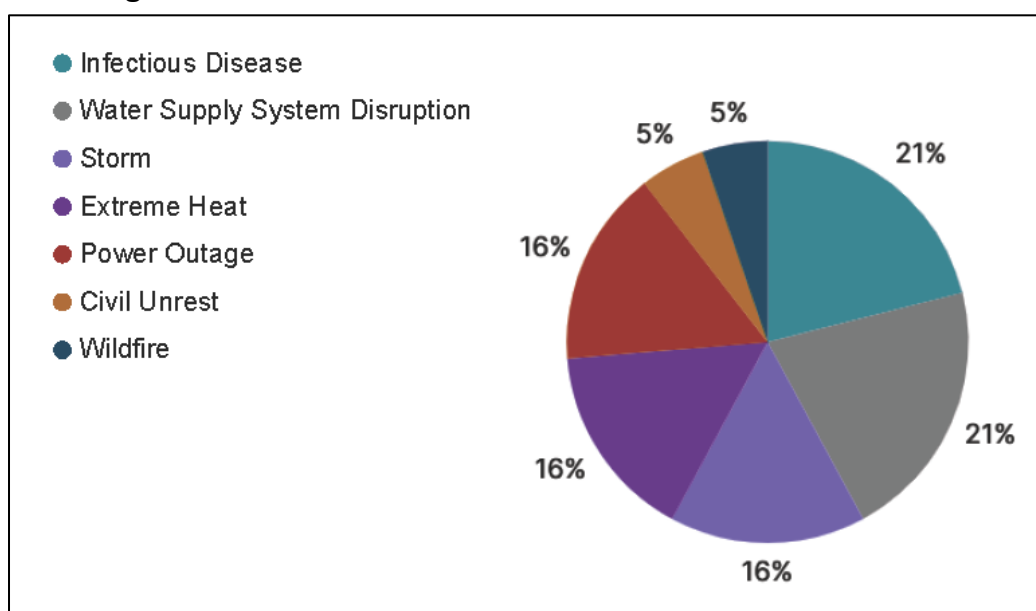
Between 2015 and 2025, PRP conducted 16 drills. Of the 16 conducted drills, nine drills focused on earthquakes, one focused on terrorism, one focused on a biological agent (anthrax), and five drills did not focus on a specific hazard. These five drills centered on evaluating staff notification and assembly, DOC set-up, pick list speed, warehouse notification, and MPOD site notification. Though not shown, in addition to the 16 conducted drills, PRP participates in quarterly duty officer drills.

Figure 8. SBCTDPH Exercise Types (2015-2025)



PRP conducted several exercises and drills (Figure 8) over the past 10-year period; however, noticeable gaps exist between exercise hazards and emergency response needs. Although wildfires account for most public health responses (54%), there have been no wildfire-specific public health exercises. Instead, PRP participates in primarily earthquake exercises (three of 19 exercises) and earthquake drills (nine of 16 drills), despite earthquakes accounting for only 4% of previous emergency responses. California’s risk of earthquakes and wildfires highlights the need for more comprehensive wildfire exercises and expanded earthquake preparedness exercises with objectives beyond evacuation drills, coordinated by building safety coordinators. Lastly, bioterrorism-related exercises have only been conducted as an anthrax FSE in 2015 and 2020, as well as more recently in 2025, as a tabletop exercise coordinated by the U.S. Postal Service and recent warehouse drills. There is a need to build upon these exercises to strengthen the Department’s bioterrorism response capacity.

Figure 9. SBCDPH Non-Activation Events from 2015-2025



Previous nonactivation events (n=19 total events) consisted of 21% infectious disease (four events), 21% water supply system disruptions (four events), 16% storm (three events), 16% power outage (two events due to wind and one planned power outage), 16% extreme heat (three events), 5% wildfire (one event), and 5% civil unrest (one event) as shown in Figure 9. Infectious diseases account for 21% of non-activation events and 21% of responses, yet only 16% of exercises focus on infectious diseases. Frequent non-activations and responses show that infectious diseases are a recurring threat in San Bernardino County. The underrepresentation of infectious diseases in public health exercises highlights a need for more public health exercises to increase readiness. There is a similar gap between public health exercises and program responses, as well as non-activations for storm threats. Storms account for 8% of responses and 16% of non-activations; however, no storm-specific exercises have been conducted in the last 10 years.

Additionally, SBCDPH has engaged in preparedness, prevention, and mitigation efforts related to extreme or excessive heat events, power outages affecting critical infrastructure (such as the Surveillance and Response Medication Room), and increasingly frequent Public Safety Power Shutoffs (PSPS). Many of these hazards are interconnected and linked to other high-priority risks, such as earthquakes and wildfires, which are often intensified by wind conditions, triggering red flag warnings and elevating wildfire danger. These factors underscore the need for SBCDPH to incorporate exercise scenarios that evaluate the Department's ability to respond effectively to these growing and interrelated threats.

C. MYIPP Survey and IPPW Feedback Summary

The data analyzed consists of MYIPP survey (see [Appendix D](#) for Survey Questions) responses from 47 participants (see [Appendix E](#) for a list of MYIPP Stakeholder Survey Participants) and feedback from three MYIPP workshops ([Figure 3](#)). Both survey and workshop participants represent a broad range of public health, emergency services, hospitals, education, military installations, community-based organizations, tribal nations, and local government partners.

MYIPP Stakeholder Survey Finding #1: Workforce and Readiness Capacity

When asked about exercise staffing capacity, most participants felt their organizations were adequately staffed to manage an exercise program, with 51% agreeing and 9% strongly agreeing; 30% were neutral, and 11% disagreed or strongly disagreed. In terms of staff training to manage exercises or respond to real-world emergencies, 43% agreed and 11% strongly agreed, while 45% were neutral, thus highlighting training as an area for improvement.

Leadership support emerged as a clear strength, with 57% agreeing and 26% strongly agreeing that their leadership supports exercise programs. However, funding remains a common hurdle, with only 19% strongly agreeing and 30% agreeing that they had sufficient funding, while 60% were neutral or disagreed. This gap between leadership support and available resources is a recurring challenge observed across multiple organizations.

When asked to rate their overall exercise program on a scale of 1 (lowest) through 5 (highest), 45% selected “3,” 15% selected “4,” and only 11% gave the highest rating of “5.” Notably, 23% responded with “Not Applicable,” which may indicate the absence or lack of a formal exercise program or limited participation in exercises.

MYIPP Stakeholder Survey Finding #2: Partnerships and Collaborations

When asked whether organizations had adequate support and engagement from emergency management partners (e.g., EMS, fire, hospitals), 43% of participants agreed and 6% strongly agreed. In comparison, 28% were neutral and 9% disagreed or strongly disagreed. This suggests coordination is happening, but it is not consistent across the board.

Regarding regional exercise collaborations, 49% agreed or strongly agreed that they are involved. However, 17% were neutral and 15% either did not know or indicated the question was not applicable; thus, highlighting ongoing gaps in awareness or access to regional exercise efforts. The feedback from the MYIPP survey and IPPWs emphasized that the most effective practices for fostering collaboration included:

-
- Consistent and frequent communication (74%)
 - Attending county training (72%)
 - Relationship building (70%)
 - Conducting exercises (57%)
 - In-person meetings (55%)
 - Aligning priorities with partners (53%)
 - Early involvement in planning (53%)

Even simple actions such as meetings during normal business days, known as “blue sky” times (45%) or providing food (40%) were seen as helpful in strengthening collaboration. Notably, no participant selected “None” or “Other,” reinforcing the widespread value of these relationship-building practices.

MYIPP Stakeholder Survey Finding #3: Risk-based Approach in Exercise Planning

Based on MYIPP feedback on exercises in the past five years, earthquakes were the most exercised scenario (68%), followed by pandemic/epidemic (30%), extreme heat (26%), wildfire (26%), and electrical failure/power outages (19%). Real-world events closely mirror these risks: 77% of participants reported responding to a pandemic, 57% to wildfires, 43% to earthquakes, 40% to extreme heat, and 28% to power outages. This alignment between exercises and real-life events reinforces the relevance of the top hazards identified in SB CDPH’s JRA.

During IPPW #3 with external emergency response partners, many voiced interests in scenario-based preparedness activities. Several groups called for large-scale functional exercises simulating a significant earthquake and power outage, including regional coordination and multi-agency participation. Hospital partners emphasized surge capacity, evacuation logistics, and backup generator planning. San Bernardino County Department of Behavioral Health recommended expanding Psychological First Aid training, and various agencies emphasized the need for ICS training (100, 200, 700, and 800 courses). Meanwhile, several agencies stressed the value of priority communication tools (e.g., GETS/WPS) and other redundant communications (e.g., HAM radios and satellite phones).

MYIPP Stakeholder Survey Finding #4: Identified Challenges

Challenges reported during real-world incidents included:

- Communication (internally within and external to agencies) and coordination challenges across agencies and during County-led responses,
- Managing dual roles (regular duties with emergency assignments) and response fatigue, especially without dedicated emergency staff,

-
- Unmet need for emotional support resources during or after activations, as well as formal disaster behavioral health training,
 - Gaps in public messaging and information sharing for situational awareness,
 - Need for clearer San Bernardino County Emergency Operations Center (EOC) response roles, exercises, and training,
 - Need for more precise and more realistic emergency plans and regular exercises to evaluate plans, and
 - Lack of expertise and training in response leadership for specific responses, which can lead to resource inefficiencies.

These challenges highlight both horizontal coordination issues (across agencies) and vertical communication gaps (between and within departments, as well as leadership levels).

MYIPP Stakeholder Survey Finding #5: Preparedness Priorities & Support Needs

There was a strong demand for more targeted and accessible preparedness support. Respondents showed the most interest in:

- Threat-specific training and exercises (91%)
- Cybersecurity (62%)
- Recovery (60%)
- Disaster Behavioral Health and Environmental Health (38%)
- Legal Considerations (30%)

The most frequently requested types of support:

- Training (94%)
- Collaborative planning (74%)
- Participation in regional/statewide exercises (66%)
- Region-specific planning (60%)
- Tools to support planning for access and functional needs populations (51%)

An analysis of the feedback reveals that partners are seeking clarity not only on what to exercise (e.g., threats, recovery, and cybersecurity), but also on how to engage, thus emphasizing the importance of meaningful training, collaborative planning, and inclusive regionalized approaches. These insights will guide the development of future exercise tools, templates, and partner engagement strategies.

MYIPP Stakeholder Survey Findings #6: Capability Gaps

Survey participants identified the following top PHEP capabilities (out of 15 capabilities):

-
- Community Preparedness (60%)
 - Emergency Operations Coordination (55%)
 - Community Recovery (51%)
 - Information Sharing (47%)
 - Public Information and Warning (47%)
 - Volunteer Management (40%)
 - Responder Safety and Health (36%)

Participants selected the following top CDC readiness priorities (out of 10 priorities) which align with the same 5 priorities that should be considered for every exercise:

- Stronger risk communications (47%)
- Whole community planning integration (47%)
- Enhancing partnerships across agencies (43%)
- Prioritized a risk-based approach (38%)
- Modernized data collection systems (38%)

From FEMA's National Preparedness Goal, participants prioritized:

- Planning (47%)
- Operational Coordination (40%)
- Public Information and Warning (38%)
- Cybersecurity (38%)
- Community Resilience (32%)
- Situational Assessment (30%)
- Health and Social Services (30%)
- Threats and Hazards Identification (30%)
- Public Health, Healthcare, and Emergency Medical Services (30%)

These capability assessments provide a comprehensive picture of which capabilities are identified as most in need of strengthening and where agencies perceive the greatest potential for impact through targeted training, exercises, and support. These capability areas are critical to focus on in MYIPP planning, especially when designing drills/exercises across sectors.

MYIPP Stakeholder Survey Findings #7: Healthcare Preparedness Priorities

Feedback from participants indicated an interest in the following Hospital Preparedness Program (HPP) priorities:

- Healthcare/medical response coordination (43%)
- Continuity of healthcare service delivery (32%)

-
- Medical surge (26%)
 - Foundation for Health Care and Medical Readiness (23%)

These responses helped identify participants' priorities concerning HPP priorities. More than half of the respondents selected exercises tied to jurisdictional priorities, thus indicating a strong interest in coordinated healthcare and hospital-related exercises that reflect prioritized hazards like earthquakes, bioterrorism, or power outages.

The other top areas, such as coordination, continuity, and surge, align directly with lessons learned during COVID-19 and wildfire seasons, when hospitals experienced a strain on staffing, infrastructure, and inter-agency coordination. These results support targeting HPP-funded activities toward realistic operational scenarios that stress test systems and encourage strategic collaboration and support among public health, EMS, and emergency management, especially during extended or prolonged responses (i.e., pandemics).

Additional Insights from the Workshop

Discussions at the IPPWs emphasized cross-cutting priorities that apply to all threats, including:

- Maintaining COOP plans
- Strengthening Incident Command System (ICS) familiarity across all partners
- Enhancing risk communication with simple, multilingual messaging
- Improving public-private partnerships to support emergency response activities

Healthcare participants advocated for continued drills involving patient evacuation, surge management, and bioterrorism decontamination response. Participants also emphasized the need for ongoing annual Hazard Vulnerability Assessments (HVA), updating Emergency Operations Plans (EOP) to reflect lessons learned from responses, and ensuring the readiness of generator operations.

In summary, the data collected from the MYIPP survey, supported by IPPW discussions, provides a clearer picture of San Bernardino County's current preparedness landscape. While most participants reported having adequate staffing and strong leadership support for emergency preparedness, many also cited challenges related to training, funding, and interagency coordination. Earthquakes, pandemics, wildfires, and extreme heat were the most common real-world and exercise scenarios participants had experienced, which aligns with the county's top hazard priorities. Survey results and workshop dialogue both emphasized a strong demand for threat-specific training, scenario-based exercises, and regionally tailored planning efforts. Collaboration strategies, such as relationship building, consistent communication, and early engagement, were consistently cited as critical areas for effective preparedness planning. Top PHEP capabilities included Community Preparedness,

Emergency Operations Coordination, and Public Information and Warning, with many participants highlighting the need for stronger integration of whole-community planning with risk communications. Healthcare partners emphasized the importance of exercises aligned with jurisdictional priorities. Overall, these findings show a solid foundation of commitment across sectors to shared priorities in exercise planning.

V. Preparedness Priorities

Based on these considerations, the following priorities for SBCDPH's top five hazard risks have been identified for the 2025-2030 cycle of preparedness activities and exercises and are shown (in Table 1) below:

Table 1. Preparedness Priorities by SBCDPH JRA Prioritized Hazards

Preparedness Priorities
Earthquake: Earthquake Planning and Response Readiness
Electrical Failure: Power Disruption, Continuity, and Coordination
Wildland Fire: Wildfire Evacuation and Shelter Coordination
Extreme Heat Events: Heat-related Public Health Response and Whole Community Planning
Bioterrorism Agent: Biological Incident Detection and Response Coordination

Earthquake Planning and Response Readiness

Enhance public health readiness to respond to and recover from a major earthquake by developing department-specific earthquake response plans, conducting scenario-based exercises, and ensuring continuity of operations through redundant power and communication systems.

Key Corresponding PHEP Capabilities:

- Capability 1: Community Preparedness
- Capability 2: Community Recovery
- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 5: Fatality Management
- Capability 6: Information Sharing
- Capability 7: Mass Care
- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 10: Medical Surge

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- Capability 12: Public Health Laboratory Testing
 - Capability 13: Public Health Surveillance and Epidemiological Investigation
 - Capability 14: Responder Safety and Health
 - Capability 15: Volunteer Management

Rationale: Earthquake readiness includes focusing on coordinated response planning, continuity of operations, mass care, and risk communications to protect both infrastructure and community health. While earthquakes are regularly practiced and exercised through the annual Great ShakeOut, there is a need to broaden earthquake exercise scenarios to include cascading impacts, such as power loss and communication failures. Lessons learned from SBCDPH's response to Trona after the Ridgecrest Earthquake in 2019¹⁴ and the SoCal Rocks 2024 Tabletop Exercise¹⁵ conducted by federal and state partners identified key gaps and improvements for earthquake planning and preparedness. IPPW participants also highlighted the need for a large-scale FE/FSE to simulate a significant earthquake and regional power outage with multi-agency coordination.

Electrical Failure: Power Disruption, Continuity, and Coordination

Strengthen continuity of operations and critical systems during power outages by improving redundant communication capabilities and ensuring the sustained delivery of healthcare and public health services.

Key Corresponding PHEP Capabilities:

- Capability 1: Community Preparedness
- Capability 2: Community Recovery
- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 6: Information Sharing
- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 10: Medical Surge
- Capability 11: Nonpharmaceutical Interventions
- Capability 12: Public Health Laboratory Testing

Rationale: Based on the MYIPP Stakeholder Survey, 28% of survey participants reported experiencing a power outage in real-world incidents, and only 19% had practiced this scenario. During the IPPW, participants emphasized the importance of generator planning, backup communication systems (e.g., satellite phones, GETS/WPS, HAM radios), and establishing paper-

based processes as critical manual redundancies when power-dependent systems fail. Concerns about the continuity of services and situational awareness during outages were widely shared. Additionally, the growing frequency of electrical failures (i.e., impacting critical infrastructure such as the SBCDPH's Surveillance and Response Medication Room) and the rise in PSPS occurrences in response to extreme heat and wildland fire conditions highlight the need for ongoing evaluation of how power outages affect emergency operations. It is essential to assess SBCDPH's ability to maintain continuity of operations for basic services and ensure readiness at alternate Department Operations Centers (DOCs) and emergency response locations.

Wildland Fire: Wildfire Evacuation and Shelter Coordination

Support planning for evacuation, mass care and sheltering, risk communication, and medical services in coordination with public health programs (i.e. Environmental Health Services, Animal Care, Communicable Disease Section, SBCDPH nursing staff) in coordination with San Bernardino County Office of Emergency Services (OES) and Human Services. Planning efforts will also prioritize the unique needs of vulnerable populations during wildfire emergencies.

Key Corresponding PHEP Capabilities:

- Capability 1: Community Preparedness
- Capability 2: Community Recovery
- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 6: Information Sharing
- Capability 7: Mass Care
- Capability 10: Medical Surge
- Capability 11: Nonpharmaceutical Interventions
- Capability 13: Public Health Surveillance and Epidemiological Investigation
- Capability 14: Responder Safety and Health
- Capability 15: Volunteer Management

Rationale: Based on the MYIPP Stakeholder Survey, 26% of participants had exercised wildfire scenarios, and 57% had participated in real-world wildfire response. At the IPPWs, partners stressed wildfire evacuation coordination, health impacts of smoke, and interagency planning. There is a growing need, based on lessons learned from recent Los Angeles fires, to focus exercises on fire-related evacuation, particularly for individuals with medical fragility. Additionally, lessons learned from September Wildland Fires (2024)^{[16](#)} and Repatriation Full Scale Exercise (2025)^{[17](#)} are needed to

improve communicable disease surveillance and medical services, and unit services in coordination with SBCDPH's medical and behavioral health emergency response partners.

Extreme Heat Events: Heat Health Response and Whole Community Planning

Focus on preparedness for prolonged heat events through planning for preparedness, prevention, and mitigation; ensure responder safety; identify high-risk populations; and maintain surge readiness for heat-related illnesses.

Key Corresponding PHEP Capabilities:

- Capability 1: Community Preparedness
- Capability 2: Community Recovery
- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 5: Fatality Management
- Capability 6: Information Sharing
- Capability 9: Medical Materiel Management and Distribution
- Capability 10: Medical Surge
- Capability 13: Public Health Surveillance and Epidemiological Investigation
- Capability 14: Responder Safety and Health

Rationale: With the increase in the number of extreme heat events in recent years, continued planning and prepared activities are needed. Based on the MYIPP Stakeholder Survey, 40% of survey participants had responded to extreme heat, while only 26% had participated in extreme heat exercise scenarios. Survey feedback indicated an increasing interest in Just-in-Time training for heat illness, cooling center protocols, and tracking of vulnerable populations (e.g., older adults, individuals with disabilities, and those with limited mobility or access to transportation).

Notably, 60% of participants requested region-specific planning, particularly for high-risk areas such as desert communities and urban heat island zones. Furthermore, there is a clear and growing need to expand risk communications around extreme heat. This includes delivering timely, clear, and accessible messages before and during heat events, using plain language and multiple languages to reach diverse communities, leveraging social media and trusted messengers, and ensuring materials are culturally appropriate. Strengthening public awareness of the symptoms of heat-related illnesses, protective actions, and the availability of community resources, such as cooling centers, is critical. Effective risk communication strategies must also consider reaching populations that may not have

access to digital platforms or traditional media, requiring a multi-channel approach that includes in-person outreach, community partnerships, and coordination with local service providers.

Bioterrorism Agent: Biological Incident Detection and Response Coordination

Target rapid detection, surveillance, communication, decontamination, and medical countermeasure dispensing during intentional biological or emerging infectious diseases.

Key Corresponding PHEP Capabilities:

- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 5: Fatality Management
- Capability 6: Information Sharing
- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 10: Medical Surge
- Capability 11: Nonpharmaceutical Interventions
- Capability 12: Public Health Laboratory Testing
- Capability 13: Public Health Surveillance and Epidemiological Investigation
- Capability 14: Responder Safety and Health

Rationale: While few partners had exercised bioterrorism scenarios, there was strong interest in enhancing biological readiness. IPPWs participants proposed a workshop and drill series focused on decontamination, donning and doffing of Personal Protective Equipment (PPE), and triage during a suspected biological release. Psychological First Aid and ICS training were also highlighted to bolster cross-sector response capacity. Additionally, based on a recent Biohazard Detection System (BDS) TTX (2025), a need was identified to review and evaluate key laboratory procedures, including notification, chain of custody protocols, specimen handling, testing methodologies, and confirmation notification timelines. These needs align closely with PHEP NOFO 2024–2028 priorities¹.

Additional Preparedness Priorities for Consideration

Additional priorities and focus areas have been identified for further consideration in preparedness and exercise activities. Please refer to Table 2 shown below:

Table 2. Additional Preparedness Priorities by Focus Areas

Preparedness Priority	Focus Areas
Strengthening Workforce Readiness and Training Capacity	<ul style="list-style-type: none"> • Expand training for emergency response staff in EOC roles and incident response. • Address training gaps by increasing access to ICS, Just-In-Time Training courses, and hazard-specific response courses (e.g., heat illness, bioterrorism).
Enhance Interagency Coordination and Communication	<ul style="list-style-type: none"> • Conduct joint exercises to improve cross-agency collaboration and situational awareness. • Establish protocols for more transparent internal and external communication during activations. • Integrate response leadership training to address role clarity and coordination.
Expand Scenario-Based and Risk-Informed Exercises	<ul style="list-style-type: none"> • Prioritize large-scale, multi-agency exercises focused on earthquakes, wildfires, extreme heat, pandemics, and power outages. • Incorporate real-world hazards identified in the JRA and past responses.
Promote Inclusive and Regionalized Planning	<ul style="list-style-type: none"> • Encourage participation in region-wide planning and exercises. • Develop templates and planning tools tailored for populations with access and functional needs. • Foster early engagement and relationship-building practices (e.g., blue-sky meetings, joint planning).
Address Behavioral Health and Responder Wellness	<ul style="list-style-type: none"> • Incorporate Disaster Behavioral Health into training and exercise activities. • Develop resources for emotional support and responder fatigue during prolonged incidents.
Advance Critical Capabilities and Jurisdictional Priorities	<ul style="list-style-type: none"> • Focus training and exercises on high-priority capabilities: Community Preparedness, Emergency Operations Coordination, Public Information and Warning, Community Recovery. • Align with CDC and FEMA priorities, including risk communication, whole community planning, operational coordination, and cybersecurity.
Support Healthcare and Hospital Preparedness	<ul style="list-style-type: none"> • Develop HPP-supported exercises aligned with jurisdictional hazards (e.g., earthquakes, bioterrorism). • Focus on surge capacity, continuity of healthcare delivery, and coordination with public health and medical health partners.
Improve Planning Infrastructure and	<ul style="list-style-type: none"> • Regularly update COOP plans, EOPs, and Hazard Vulnerability Assessments.

Preparedness Priority	Focus Areas
Operational Readiness	<ul style="list-style-type: none"> Expand use of redundant communications systems (e.g., HAM radios, satellite phones, GETS/WPS). Conduct drills for backup power readiness, redundant communications, and evacuation coordination.
Strengthening Recovery Planning and Post-Incident Coordination	<ul style="list-style-type: none"> Integrate recovery considerations into all phases of preparedness, including exercises and planning efforts for short, medium, and long-term impacts on public health, healthcare systems, and community infrastructure. Provide training on disaster recovery processes, including legal and financial considerations, continuity of operations, and community recovery frameworks. Develop recovery-specific tools and templates to support timely, coordinated recovery efforts across sectors.
Advance Whole Community Planning in Preparedness	<ul style="list-style-type: none"> Integrate equity considerations into all planning, training, and exercise activities, including the needs of populations with access and functional needs, communities with health disparities, and underserved areas. Strengthen community engagement strategies, including multilingual and culturally appropriate communications. Collaborate with community-based organizations, faith-based groups, and trusted messengers to ensure inclusive planning processes and response strategies.
Lessons Learned from Key Exercises and Responses	<ul style="list-style-type: none"> September Wildland Fires (2024) AAR^{16} Southern California Regional Exercise for Anthrax Disaster Incidents (SoCAL READI) AAR^{18} 12/2/15 Terrorist Attack Organization & Legacy Reports^{19,20} COVID-19 Pandemic (2020-2023) AAR^{21} Chemical Spill Tabletop Exercise (2023) AAR^{22} Tropical Storm Hilary (2023) AAR^{23} July 4th 5th Earthquake Swarm AAR^{14} SoCal Rocks Tabletop Exercise (2024) AAR^{15} Infectious Disease and Medical Surge Tabletop Exercise (2024) AAR^{24} Repatriation Full-Scale Exercise (2025) AAR^{17}

VI. Program Reporting

SBCDPH will utilize a systematic approach to track and enhance preparedness capabilities through ongoing monitoring and documentation of areas for improvement that are identified during exercises and real-world incidents. All corrective actions are recorded in after-action reports and improvement plans, and linked to specific public health capabilities. These actions are then prioritized based on risk, urgency, and available resources, and are assigned to appropriate programs or staff for implementation. Progress will be monitored regularly, and updates will be reported and routinely reviewed to ensure accountability and transparency, upon request. Completed corrective actions, lessons learned, and best practices will be integrated into future training, planning, and exercise efforts; thereby strengthening overall preparedness and informing updates to the MYIPP.

VII. Multi-year Schedule of Preparedness Activities

The table below (Table 3) outlines the proposed exercise schedule over the next four fiscal years, aligning with federal PHEP grant requirements and jurisdictional risk priorities identified in the JRA and IPPWs. Exercises are designed to address core capabilities through a mix of discussion-based, functional, and full-scale formats. Scenarios such as earthquakes and bioterrorism reflect the top hazards identified for SBCDPH. This multi-year schedule also includes the testing of public health laboratory surge plans, pandemic influenza, and data modernization capability requirements. Additional considerations for scenarios, emergency response capabilities, and priorities for exercise planning can be found in [Table 4](#).

Table 3. 5-Year (July 2025 through June 2030) Exercise Schedule

Year and Quarter	Requirement	Exercise Type	Proposed Scenario	Objective Requirements*
FY 25-26 Q2 Fall	Pan Flu	Functional Exercise(s)	Mass Vaccination Clinic(s)	<ul style="list-style-type: none">• Whole Community Engagement• State Vaccine Ordering• Timely Immunization Record Updates
FY 25-26 Q2 Fall	Capstone 100** or PHEP Natural Disaster	Discussion-based Exercise	Earthquake and Electrical Failure, or Wildfire	<ul style="list-style-type: none">• Public Health Roles and Functions• Jurisdictional Risks and Response Capabilities• Medical Countermeasures/ Medical Materiel Management Strategies• Mass Fatality

Year and Quarter	Requirement	Exercise Type	Proposed Scenario	Objective Requirements*
FY 25-26 Q3 Winter	Biological Incident 100	Discussion-based Exercise	Bioterrorism or Infectious Disease	<ul style="list-style-type: none"> Public Health Roles and Functions Jurisdictional Risks and Response Capabilities Medical Countermeasures Laboratory
FY 25-26 Q4 Spring	Chemical Incident	Discussion-based Exercise	CHEMPACK	<ul style="list-style-type: none"> Public Health Roles and Functions Jurisdictional Risks and Response Capabilities Medical Countermeasures Laboratory
FY 26-27 Q1 Fall	Biological Incident 200	Functional Exercise	Bioterrorism or Infectious Disease	<ul style="list-style-type: none"> Medical Countermeasure Dispensing and Administration Medical Materiel Management and Distribution Test one of six CDC capabilities for data modernization
FY 26-27 Q2 Fall	Pan Flu	Functional Exercise(s)	Mass Vaccination Clinic(s)	<ul style="list-style-type: none"> Whole Community Engagement State Vaccine Ordering Timely Immunization Record Updates
FY 26-27 Q2 Winter	Capstone 200	Drill	Earthquake and Electrical Failure	<ul style="list-style-type: none"> Test and Validate a Critical Response Function Test an additional CDC capability for data modernization
FY 26-27 Q3 Spring	Capstone 300	Functional Exercise	Earthquake and Electrical Failure	<ul style="list-style-type: none"> PHEP and Response Capabilities Five RRF Program Priorities (partnerships, health equity/whole community, risk communications, data modernization, recovery)
FY 27-28 Q1 Summer	Administrative Preparedness	Discussion-based Exercise	Procurement	<ul style="list-style-type: none"> Contracting Procurement Receiving/ Accepting Emergency Funds Surge Staffing

Year and Quarter	Requirement	Exercise Type	Proposed Scenario	Objective Requirements*
FY 27-28 Q2 Fall	Pan Flu	Functional Exercise(s)	Mass Vaccination Clinic(s)	<ul style="list-style-type: none"> • Whole Community Engagement • State Vaccine Ordering • Timely Immunization Record Updates
FY 27-28 Q4 Spring	Capstone 400	Full-Scale Exercise	Earthquake and Electrical Failure	<ul style="list-style-type: none"> • PHEP and Response Capabilities • Five RRF Program Priorities (partnerships, health equity/whole community, risk communications, data modernization, recovery) • Test an additional CDC capability for data modernization
FY 28-29 Q2 Fall	Pan Flu	Functional Exercise(s)	Mass Vaccination Clinic(s)	<ul style="list-style-type: none"> • Whole Community Engagement • State Vaccine Ordering • Timely Immunization Record Updates
FY 28-29 Q3 Winter	Radiological/ Nuclear	Discussion-based Exercise	Transportation related	<ul style="list-style-type: none"> • Public Health Roles and Functions • Jurisdictional Risks and Response Capabilities • Medical Countermeasures • Community Reception Centers
FY 28-29 Q4 Spring	Natural Disaster**	Discussion-based Exercise	Wildfire or Extreme Heat	<ul style="list-style-type: none"> • Public Health Roles and Functions • Jurisdictional Risks and Response Capabilities • Mass Fatality
FY 29-30 Q1 Summer	SBCDPH DEOP Testing and Evaluation Standard Practice	Discussion-based Exercise	Pandemic Influenza or Epidemic	<ul style="list-style-type: none"> • Review preparedness priorities and exercise considerations
FY 29-30 Q2 Fall	Pan Flu	Functional Exercise(s)	Mass Vaccination Clinic(s)	<ul style="list-style-type: none"> • Whole Community Engagement • State Vaccine Ordering • Timely Immunization Record Updates
FY 29-30 Q2 Fall	SBCDPH DEOP Testing and Evaluation Standard Practice	Functional Exercise	Pandemic Influenza or Epidemic	<ul style="list-style-type: none"> • Review preparedness priorities and exercise considerations

Year and Quarter	Requirement	Exercise Type	Proposed Scenario	Objective Requirements*
Quarterly	Duty Officer Standard Practice	Drill	Variable	<ul style="list-style-type: none"> Quarterly email distribution test using DPH.DutyOfficer@dph.sbcounty.gov. Quarterly Communications Center system test during the first week of each quarter (January, April, July and October).

*Objective requirements have been taken from the CDC Public Health Emergency Preparedness (PHEP) 2024–2028 Notice of Funding Opportunity (NOFO) exercise framework¹. All exercises must ensure each exercise meets the grant requirement objectives, aligns with capability targets, and supports continuous improvement efforts.

** Chemical incident, biological incident, radiological/nuclear incident, and natural disaster discussion-based exercises can be used to meet the Capstone 100 discussion-based exercise requirement if they support the selected jurisdictional risk scenario for the Capstone Track.

VIII. Additional Exercise Considerations

The table below provides exercise priority considerations for various exercise scenarios, including PHEP, HPP, and FEMA core capabilities, as well as priorities from the Public Health Readiness Framework. These capabilities were selected based on the analysis provided in [Section IV: Preparedness Activity Considerations](#).

Table 4. Additional Exercise Considerations

Additional Scenarios	PHEP Capabilities	HPP Capabilities (listed by priority)	FEMA Core Capabilities	Public Health Readiness Framework Priorities
<ul style="list-style-type: none"> • Earthquake • Wildland Fire • Extreme Heat Event • Power Failure • Bioterrorism Agent • Pandemic/ Epidemic • Flashflood • Cybersecurity • Inclement Weather (e.g. Storms, Wind) 	<ul style="list-style-type: none"> ○ Community Preparedness ○ Emergency Operations Coordination ○ Community Recovery ○ Information Sharing ○ Public Information Warning 	<ol style="list-style-type: none"> 1) Health care and medical response coordination 2) Continuity of health care service delivery 3) Medical surge 4) Foundation for health care and medical readiness 	<ul style="list-style-type: none"> ▪ Planning ▪ Operational Coordination ▪ Public Information and Warning ▪ Cybersecurity ▪ Community Resilience 	<ul style="list-style-type: none"> ○ Strengthen Risk Communications ○ Integrate Whole Community Planning ○ Enhance Partnerships (Federal and Non-Governmental Organizations) ○ Prioritize a Risk-Based Approach ○ Modernize Data Collection Systems

IX. Multi-Year Integrated Preparedness Plan Review and Updates

SBCDPH will establish a MYIPP Workgroup, comprising public health emergency response partners, to review the IPP and its appendices on an annual basis.

Suggested changes to the IPP will be incorporated, and the SBCDPH MYIPP Workgroup will identify any necessary revisions, additions, or improvements. Revisions may include regularly updated information, as well as changes to Federal and State guidelines (e.g., PHEP/HPP), organizational updates and priorities, findings from real-world and exercise evaluations, and adjustments in hazard vulnerability.

Record of Changes

Change #	Date	Author	Description of Change

X. References

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3. U.S Department of Health and Human Services, Centers for Disease Control and Prevention, Public Health Emergency Preparedness (PHEP) Exercise Framework Supplemental Guidance. April 2024.
4. U.S Department of Health and Human Services, Centers for Disease Control and Prevention – Office of Readiness and Response, PHEP Notice of Funding Opportunity: Cities Readiness Initiative Supplemental Guidance. April 2024.
5. Federal Emergency Management Agency. (2020). Homeland security exercise and evaluation program doctrine (Revision 2.2.25). U.S. Dept. of Homeland Security.
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6. Center for Disease Control and Prevention Center for Preparedness and Response, Public Health Emergency Preparedness and Response Capabilities National Standards for State, Local Tribal, and Territorial Public Health. October 2018. Updated January 2019.
7. California Department of Public Health Center for Preparedness and Response FY 2025-2026 (BP2) Local Subrecipient Continuation Guidance
8. California Department of Public Health Center for Preparedness and Response Pan Flu Workplan (Objective 7, Activities 1-5)
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11. San Bernardino County Department of Public Health, [Department Training Schedule](#)
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13. San Bernardino County Department of Public Health, Duty Officer Standard Practice. September 2023.
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 18. San Bernardino County Department of Public Health, Preparedness and Response Program. (2015). Southern California Regional Exercise for Anthrax Disaster Incidents (SoCAL READI) Full Scale Exercise After Action Report and Improvement Plan.
 19. San Bernardino County. (June 18, 2018). An Organizational Review of San Bernardino County's Response to the December 2, 2015 Terrorist Attack.
 20. San Bernardino County. (October 2018). The 12/2/15 Terrorist Attack Legacy Report, A Planning, Response, and Recovery Resource for Organizations Confronting Terrorism and Other Catastrophic Incidents.
 21. San Bernardino County. (2019). COVID-19 After Action Report.
 22. Riverside County Department of Public Health. (2023). Chemical Spill Tabletop Exercise After-Action Report/Improvement Plan.
 23. San Bernardino County Department of Public Health, Preparedness and Response Program. (2023). Tropical Storm Hilary After Action Report.
 24. San Bernardino County Department of Public Health, Preparedness and Response Program. (2024). Infectious Disease and Medication Surge Tabletop Exercise After-Action Report.

Appendix A: Plans

Plan	Created, updated, or reviewed	Date
Emergency Operations Plan (EOP), San Bernardino County Office of Emergency Services (OES)	Updated	June 2025
Disaster Recovery Plan, San Bernardino County OES	Updated	May 2017
Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) Plan, SBCDPH Preparedness and Response Program (PRP)	Created	June 2024
Crisis and Emergency Risk Communications and Information Plans, SBCDPH	Updated	June 2025
Department Emergency Operations Plan (DEOP) including continuity of operations planning, SBCDPH	Updated	June 2025
Healthcare Preparedness Planning Partnership (HP3) Response Plan, ICEMA	Updated	2022
Infectious Disease Response Plan – High Priority Infectious Disease (HPID), SBCDPH PRP	Updated	November 2022
Medical Point of Dispensing (MPOD) Plan, SBCDPH PRP	Updated	January 2025
Medication Room Storage and Distribution Standard Operating Guide, SBCDPH	Updated	August 2023
Multi-Jurisdictional Hazard Mitigation Plan, San Bernardino County OES	Updated	December 2022
Pandemic Influenza Plan, SBCDPH PRP	Updated	June 2025
Receive, Stage, Store (RSS) Plan, SBCDPH PRP	Updated	June 2024
Strategic National Stockpile (SNS) Plan, SBCDPH PRP	Updated	June 2024
Laboratory Surge Capacity Plan, SBCDPH Laboratory	Updated	June 2022
Volunteer and Donations Management Standard Operating Guidelines, San Bernardino County OES	Updated	May 2019

Appendix B: Integrated Preparedness Planning Workshops (IPPW) Participants

1. Arrowhead Regional Medical Center
2. Barstow Community Hospital
3. City of Chino
4. City of Fontana
5. City of Montclair, Fire Department
6. City of San Bernardino
7. Chino Hills, McCoy
8. Colton Fire Department
9. Community Hospital of San Bernardino
10. High Desert Medical Center
11. Inland County Emergency Medical Agency
12. Loma Linda University Health
13. Knolls West
14. Marine Corps Base (29 Palms), Navy
Medicine Readiness and Training
Command (NMRTC)
15. Reach Out
16. Robert E Bush Naval Hospital
17. Ontario International Airport Authority
18. Ontario Healthcare Center
19. Ontario Fire Department
20. Prime Healthcare
21. San Bernardino Community College District
22. San Bernardino County Departments (9)
 - a. Behavioral Health, Child Support Services, Fleet, Human Resources, Human Services Emergency Services Unit, Human Services Transitional Assistance Department, County Museum, Office of Emergency Services, Registrar of Voters
23. San Bernardino County Department of Public Health (15)
 - a. Animal Care, Administration, Communicable Disease Section, Clinic Operations, Fiscal & Administrative Services (FAS), FAS Facilities Environmental Health Services, Health Equity, Health Information and Technology, Health Promotion and Education Services, Laboratory, Spatial Analytics Data and Epidemiology, Special Projects Unit, Preparedness and Response Program, Workforce Development
24. Tenet Healthcare (DRMC, JFK, Hi Desert)
25. Yuhaaviatam of San Manuel Nation

Appendix C: Previous Exercises and Real-World Events

As part of the Multi-Year Integrated Preparedness process, SBCDPH has reviewed previous exercise involvement, emergency response activations, and non-activations. A list has been provided below:

Table A. Exercises from 2015-2025

Start Date	Exercise Name	Exercise Type	Hazard Type
10/15/15	Great Shake Out	Drill	Earthquake
10/13/15	Southern California Regional Exercise for Anthrax Disaster Incidents (SoCAL READI)	Tabletop	Biological Agent (anthrax)
11/16/15	Southern California Regional Exercise for Anthrax Disaster Incidents (SoCAL READI)	Full Scale	Biological Agent (anthrax)
09/29/16	Warehouse/RSS Call Down Drill	Drill	N/A
10/20/16	Great Shake Out	Drill	Earthquake
10/27/16	Statewide Medical and Health Exercise	Tabletop	Train Derailment
11/17/16	Statewide Medical and Health Exercise	Functional	Train Derailment
04/25/17	RAND – Site Call Down Drill (MPODs)	Drill	N/A
05/05/17	RAND - Pick List Drill	Drill	N/A
10/19/17	Great Shake Out	Drill	Earthquake
10/04/17	Statewide Medical and Health Exercise	Tabletop	Terrorism (Chemical Agents)
11/16/17	Statewide Medical and Health Exercise	Functional	Terrorism (Chemical Agents)
05/21/18	Luque Center Point of Dispensing Exercise	Functional	Biological Agent (anthrax)
09/18/18	California Emergency Repatriation	Full Scale	Terrorism in the Philippines
10/11/18	Statewide Medical and Health Training and Exercise	Tabletop	Pandemic Influenza (H5N1)
11/15/18	Statewide Medical and Health Training and Exercise	Functional	Pandemic Influenza (H5N1)
10/08/18	Great Shake Out	Drill	Earthquake
01/16/19	RAND Drill - DOC Setup	Drill	N/A
03/13/19	RAND Drill - Site Notification and Assembly	Drill	N/A
06/05/19	SBCDPH Pill Dispensing TTX	Tabletop	Terrorist Incident (unknown substance)
09/18/19	OES DEOP Virtual Communications Exercise	Drill	Earthquake
10/17/19	Great Shake Out	Functional	Earthquake

Start Date	Exercise Name	Exercise Type	Hazard Type
11/15/19	Statewide Medical and Health Training and Exercise	Functional	Flood
10/15/20	Great Shake Out	Drill	Earthquake
11/17/20	Southern Region Public Health Exercise and Emergency Response Medical Countermeasure Exercise	Full Scale	Biological Agent (anthrax)
11/19/20	Statewide Medical and Health Training and Exercise	Full Scale	Biological Agent (anthrax)
10/21/21	Great Shake Out	Drill	Earthquake
10/20/22	Great Shake Out	Drill	Earthquake
09/26/23	Chemical Spill TTX	Tabletop	Chemical agent
10/19/23	Great Shake Out	Drill	Earthquake
06/12/24	Infectious Disease and Medical Surge TTX	Tabletop	Measles Outbreak and Medical Surge
10/17/24	Great Shake Out	Functional	Earthquake
11/21/24	2024 CA Emergency Repatriation TTX	Tabletop	Repatriation
03/5/25	2024 Emergency Repatriation Full-Scale Exercise	Full Scale	Terrorism (Resin)
06/3/25	California Department of Public Health Warehouse Drill	Drill	Biological Agent (aerosolized anthrax)

Table B. Responses from 2015-2025

Start Date	Incident	Hazard type
06/17/15	Lake Fire	Wildfire
07/17/15	North Fire	Wildfire
07/18/15	Pine Fire	Wildfire
12/02/15	Waterman Incident	Active Shooter
07/24/16	LA Fires	Wildfire
08/07/16	Pilot Fire	Wildfire
08/16/16	Blue Cut Fire	Wildfire
08/31/17	Colton Power Outage	Power Outage
10/16/17	Sonoma Complex Fire/ Tubbs Fire	Wildfire
05/24/18	Newcastle Disease	Infectious Disease
07/06/18	Valley Fire	Wildfire
03/05/19	March Storm Event	Storm
07/04/19	July 4th and 5th Earthquake Swarm	Earthquake
10/10/19	Public Safety Power Shutoff (PSPS)	Power Outage
10/10/19	Sandalwood Fire	Wildfire
01/27/20	2020 Emergency Repatriation	Infectious Disease
02/13/20	Hepatitis A Outbreak	Infectious Disease
03/03/20	COVID-19	Infectious Disease
06/12/22	Sheep Fire	Wildfire
07/29/22	Monkeypox	Infectious Disease
09/21/22	Radford Fire	Wildfire
08/18/23	Tropical Storm Hillary	Storm
09/07/24	September Wildland Fires (Line and Bridge Fire)	Wildfire
06/10/25	Ranch Fire	Wildfire

Table C. Non-Activation Events from 2015-2025

Start Date	Event Name	Hazard
02/14/19	February Storm Event	Storm
02/15/19	Big Pine Tract Water System	Water Supply System Disruption
04/13/19	Measles	Infectious Disease
10/25/19	Old Water Incident	Water Supply System Disruption
06/16/20	2020 Protests	Civil Unrest
09/05/20	El Dorado Fire	Wildfire
10/10/21	Power Outage (planned)	Planned Power Outage
02/23/23	Extreme Cold Winter Storm Event	Storm
12/30/23	Measles	Infectious Disease
02/04/24	February Extreme Weather Events	Storm
06/07/24	Dagget Water Distribution	Water Supply System Disruption
09/06/24	Lucerne Valley Water Disruption	Water Supply System Disruption
10/09/24	Q Fever	Infectious Disease
06/06/24	H5N1	Infectious Disease
07/02/24	July Excessive Heat	Extreme Heat
08/02/24	August Excessive Heat	Extreme Heat
09/03/24	September Excessive Heat	Extreme Heat
12/02/24	December PSPS	Wind / Power Outage
01/14/25	2025 January Red Flag Warning	Wind / Power Outage

Appendix D: Multi-year Integrated Preparedness Plan (MYIPP) Stakeholder Survey



Public Health
Preparedness and Response

Multi-year Integrated Preparedness Plan (MYIPP) Development Stakeholder Survey

San Bernardino County Department of Public Health (SBCDPH) Preparedness and Response Program (PRP) invites you to complete the Multi-year Integrated Preparedness Plan (MYIPP) stakeholder survey. The feedback collected from these surveys will be discussed during the Integrated Preparedness Planning Workshop (IPPW), and will be crucial in identifying trainings, drills, and exercises for disaster preparedness and response planning efforts and in developing of a new MYIPP intended to establish a standardized public health exercise schedule for the next five years (2025-2030).

This survey will take approximately **20-30 minutes to complete**.

SBCDPH appreciates your support of this vital initiative. Should you have any questions, please do not hesitate to contact Lilleana Lopez at lilleana.lopez@dph.sbcounty.gov and Bryan Katz at bryan.katz@dph.sbcounty.gov.

Today's Date: mm/dd/yyyy

Full Name: First and Last Name

Organization/Agency Name: Input the name of your organization or agency

Organization/Agency Type: Select the organization type that best describes your organization/agency.

Current Organizational Emergency Exercise Resources and Capabilities

The following questions are to help Preparedness and Response Program better understand your organization/agency's emergency exercise program. *Even if your organization does not have an exercise program at this time, feel free to answer as if you had the ability and desire to build one in the future.*

1) My organization has adequate staffing to manage an exercise program. If you do not have an exercise program, do you have adequate staffing to establish one?

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not Applicable

2) Our staff are effectively trained to manage an exercise program or respond to a real-world emergency. If you do not have an exercise program, is your staff adequately trained to respond?

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not Applicable

3) My organization has leadership support for an exercise program. If you do not have an exercise program, do you have adequate support from your organization's leadership?

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not Applicable

4) My organization has adequate funding for an exercise program. If you do not have an exercise program, would you have adequate funding to support an exercise program?

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not Applicable

5) My organization's exercise program has adequate engagement and support from emergency management partners (e.g., public health, environmental health, behavioral health, medical facilities, EMS, fire). If you do not have an exercise program, select N/A.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not Applicable

6) Overall, how would you rate your organization's exercise program (1 - Lowest, 5 - Highest)? If you do not have an exercise program, select N/A.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not Applicable

7) My organization participates in regionally focused exercises. If your organization does not have an exercise program, select N/A.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not Applicable

8) What strategies or practices have you found effective in promoting collaboration and coordination?
Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Aligning priorities with partners and stakeholders | <input type="checkbox"/> Leveraging PRP Partnership Meetings |
| <input type="checkbox"/> Attending county trainings | <input type="checkbox"/> Real-world response coordination |
| <input type="checkbox"/> Combining multiple requirements | <input type="checkbox"/> In-person meetings |
| <input type="checkbox"/> Conducting exercises | <input type="checkbox"/> Meeting during blue-sky times |
| <input type="checkbox"/> Consistent and frequent communications | <input type="checkbox"/> Networking opportunities |
| <input type="checkbox"/> Designing appropriate scenarios | <input type="checkbox"/> Relationship building |
| <input type="checkbox"/> Early involvement | <input type="checkbox"/> None |
| <input type="checkbox"/> Food during meetings | <input type="checkbox"/> Other: _____ |

Feedback on Previous Conducted Emergency Exercises

9) Based on past San Bernardino County risk assessments, what scenarios has your organization exercised in the past five years, if any? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Climate Change – General | <input type="checkbox"/> Landslide |
| <input type="checkbox"/> Drought | <input type="checkbox"/> Pandemic / Epidemic |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Terrorism – Biological |
| <input type="checkbox"/> Electrical Failure / IT System Outage | <input type="checkbox"/> Terrorism – General |
| <input type="checkbox"/> Extreme Heat Events | <input type="checkbox"/> Wildfire |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Inclement Weather – General | <input type="checkbox"/> Do not know |

9A) Other - What threats, hazards, and risks has your organization exercised within the last two years (in addition to those selected above)?

10) What areas of improvement, if any, has your organization identified from exercises in the past two years? If none, enter N/A for not applicable

11) Has your organization responded to a real-world emergency involving the following scenarios?
Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Climate Change – General | <input type="checkbox"/> Landslide |
| <input type="checkbox"/> Drought | <input type="checkbox"/> Pandemic / Epidemic |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Terrorism – Biological |
| <input type="checkbox"/> Electrical Failure / IT System Outage | <input type="checkbox"/> Terrorism – General |
| <input type="checkbox"/> Extreme Heat Events | <input type="checkbox"/> Wildfire |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Inclement Weather – General | <input type="checkbox"/> Do not know |

12) What challenges did your organization face during real-world emergency responses in the past two years? If none, enter N/A for not applicable

2025-2030 MYIPP Considerations

13) The MYIPP seeks to create tools for stakeholders to use when conducting exercises. What topics would be most beneficial to include for your organization's exercise program? Select all that apply. If you do not have an exercise program, please select the topic(s) you feel would be most beneficial to your organization.

- | | |
|---|--|
| <input type="checkbox"/> Cybersecurity | <input type="checkbox"/> Recovery |
| <input type="checkbox"/> Disaster / Behavioral Health | <input type="checkbox"/> Legal Considerations |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Threat-specific (earthquake, flood, heat, etc.) |
| <input type="checkbox"/> Other: _____ | |

14) What additional support, guidance, tools, etc. would be beneficial to enhance the quality and impact of your organization's exercise program? If you do not have an exercise program, please select all that would be most beneficial to your organization.

- | | |
|---|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Region-specific planning (valley, mountains, high desert, etc.) | <input type="checkbox"/> Planning for people with disabilities and others with access & functional needs (DAFN) |
| <input type="checkbox"/> Opportunities to participate in State-/Region-wide trainings & exercises | <input type="checkbox"/> Homeland Security Exercise and Evaluation Program (HSEEP) training |
| <input type="checkbox"/> Collaborative planning | <input type="checkbox"/> Other: _____ |

15) What program areas could support your organization's ability to respond through exercise? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> After-Action Report / Improvement Plan (AAR/IP) development | <input type="checkbox"/> Training on public-health emergency preparedness / response plans |
| <input type="checkbox"/> Alignment among multiple grant requirements and/or organizational priorities | <input type="checkbox"/> Regional exercises |
| <input type="checkbox"/> HSEEP Training | <input type="checkbox"/> Scenario development |
| <input type="checkbox"/> Developing objectives and core capabilities | <input type="checkbox"/> Training on emergency management |
| <input type="checkbox"/> Developing an Exercise Evaluation Guide (EEG) | <input type="checkbox"/> Exercise conduct |
| <input type="checkbox"/> Master Scenario Events List (MSEL) development | <input type="checkbox"/> Recovery |
| <input type="checkbox"/> Exercise conduct | <input type="checkbox"/> None |
| | <input type="checkbox"/> Other: _____ |

15A) Other - Are there any current threats or risks in your jurisdiction that should be addressed in regional exercises?

16) Is there additional feedback you'd like to share related to REGIONAL COORDINATION (e.g., best practices, challenges) that should be considered in MYIPP development? If no comments, input "None."

17) Which of the following Public Health Emergency Preparedness (PHEP) Core Capabilities does your organization/program need additional training, drills, and exercises? A list of PHEP Core Capabilities is listed below. Please select all that apply. For more information on the PHEP capabilities, see: www.cdc.gov/readiness/php/capabilities/index.html

- | | |
|---|---|
| <input type="checkbox"/> Community Preparedness | <input type="checkbox"/> Medical Countermeasure Dispensing & Administration |
| <input type="checkbox"/> Community Recovery | <input type="checkbox"/> Medical Material Management & Distribution |
| <input type="checkbox"/> Emergency Operations Coordination | <input type="checkbox"/> Medical Surge |
| <input type="checkbox"/> Emergency Public Information & Warning | <input type="checkbox"/> Non-pharmaceutical Interventions |
| <input type="checkbox"/> Fatality Management | <input type="checkbox"/> Public Health Laboratory Testing |
| <input type="checkbox"/> Information Sharing | <input type="checkbox"/> Public Health Surveillance & Epidemiological Investigation |
| <input type="checkbox"/> Mass Care | <input type="checkbox"/> Responder Safety & Health |
| <input type="checkbox"/> Volunteer Management | |

18) Which of the following priorities from the CDC's Public Health Response Readiness Framework, does your organization/program need additional training, drills, and exercises? Select all that apply. For more information on the CDC Public Health Response Framework see: www.cdc.gov/orr/about/cdcs-priorities-for-response-readiness.html#cdc_generic_section_4-core-capabilities

- | | |
|--|---|
| <input type="checkbox"/> Prioritize a risk-based approach | <input type="checkbox"/> Build public-health workforce capacity |
| <input type="checkbox"/> Advance capacity and capability of public health laboratories | <input type="checkbox"/> Improve administrative and budget preparedness systems |
| <input type="checkbox"/> Enhance partnerships (federal and non-governmental organizations) | <input type="checkbox"/> Strengthen risk communications |
| <input type="checkbox"/> Expand local support | <input type="checkbox"/> Integrate whole-community planning |
| <input type="checkbox"/> Modernize data-collection systems | <input type="checkbox"/> Prioritize community-recovery efforts |

19) In which of the following Core Capabilities in the National Preparedness Goal established by FEMA, does your organization/program need additional training, drills, and exercises? * Select all that apply. For more information on the National Preparedness Goal and its Core Capabilities, see: www.fema.gov/emergency-managers/national-preparedness/mission-core-capabilities

- | | |
|---|--|
| <input type="checkbox"/> Planning | <input type="checkbox"/> Public Information & Warning |
| <input type="checkbox"/> Operational Coordination | <input type="checkbox"/> Forensics & Attribution |
| <input type="checkbox"/> Intelligence & Information Sharing | <input type="checkbox"/> Interdiction & Disruption |
| <input type="checkbox"/> Screening, Search, and Detection | <input type="checkbox"/> Access Control & Identity Verification |
| <input type="checkbox"/> Physical Protective Measures | <input type="checkbox"/> Cybersecurity |
| <input type="checkbox"/> Supply-Chain Integrity & Security | <input type="checkbox"/> Risk Management for Protection Programs & Activities |
| <input type="checkbox"/> Risk & Disaster Resilience Assessment | <input type="checkbox"/> Community Resilience |
| <input type="checkbox"/> Long-Term Vulnerability Reduction | <input type="checkbox"/> Threats & Hazard Identification |
| <input type="checkbox"/> Environmental Response / Health & Safety | <input type="checkbox"/> Critical Transportation |
| <input type="checkbox"/> Situational Assessment | <input type="checkbox"/> Fatality Management Services |
| <input type="checkbox"/> Fire Management & Suppression | <input type="checkbox"/> Infrastructure Systems |
| <input type="checkbox"/> Logistics & Supply-Chain Management | <input type="checkbox"/> Mass Care Services |
| <input type="checkbox"/> Mass-Search & Rescue Operations | <input type="checkbox"/> On-Scene Security, Protection, & Law Enforcement |
| <input type="checkbox"/> Operational Communications | <input type="checkbox"/> Public Health, Healthcare, & Emergency Medical Services |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Economic Recovery |
| <input type="checkbox"/> Health & Social Services | |

20) Which Hospital Preparedness Program (HPP) Core Capabilities does your organization/program need from additional training, drills, and exercises? Select all that apply. Please reference the following link for further details, if needed. <https://asprtracie.hhs.gov/technical-resources/resource/4271/2017-2022-health-care-preparedness-and-response-capabilities>

- | | |
|---|---|
| <input type="checkbox"/> Foundation for Health Care & Medical Readiness | <input type="checkbox"/> Medical Surge |
| <input type="checkbox"/> Health Care & Medical Response Coordination | <input type="checkbox"/> Continuity of Health Care Service Delivery |
| <input type="checkbox"/> Exercises to address additional jurisdictional priorities or areas of improvement defined in your Strategic Plan or Readiness Plan | |

21) Additional Comments. Please provide any additional feedback regarding the MYIPP and exercise planning here. If no comments, input "None."

Appendix E: MYIPP Stakeholder Survey Participants

A total of 47 participated in the MYPP Stakeholder Survey, including 19 organizations. Of the 19 organizations (including SBCDPH) that attended, 12 external organizations and 6 County Departments (non-DPH) participated. A total of 13 programs within SBCDPH submitted feedback. A list of MYIPP Stakeholder Survey participants has been listed below:

- | | |
|---|---|
| 1. Advanced Ambulatory Surgery Center | Department, Office of Emergency |
| 2. Barstow Community Hospital | Services, Registrar of Voters |
| 3. Cambridge, Skilled Nursing Facility | 13. San Bernardino County Department of |
| 4. City of Chino | Public Health (13) |
| 5. City of Chino Hills (McCoy) | a. Animal Care, Administration, |
| 6. City of Fontana | Communications, Communicable |
| 7. City of Montclair, Fire Department (confirm with IPPW) | Disease Section, Enhanced Care |
| 8. Montclair and Chino Valley Hospital Medical Center | Management, Fiscal & |
| 9. Marine Corps Base (29 Palms) | Administrative Services (FAS), |
| 10. Naval Hospital Twentynine Palms | Facilities, Environmental Health |
| 11. San Bernardino Community College District | Services, Health Promotion and |
| 12. San Bernardino County Department (6) | Education Services, Laboratory, |
| a. Behavioral Health, Child Support | Spatial Analytics Data and |
| Services, Human Resources, Human | Epidemiology, Preparedness and |
| Services, Transitional Assistance | Response Program, Workforce |
| | Development |
| | 14. Veterans Homes of California (Barstow), |
| | Long-term Care Facility |

